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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A Fo	rthe 20	008 calend	lar yea	r, or tax year beginning 10-0	1-2008 and ending 09-30-200	9					
B Che	eck if app			C Name of organization Associated Universities Inc				D Employer id	entification number		
☐ Add	Iress cha	ngc	IRS el or	Doing Business As				11-163090 E Telephone n			
☐ Nar	me chan	ge pri r	nt or e. See	Doing Dualitess As							
☐ Init	ial return	Spe	cific	Number and street (or P O box	ıf maıl ıs not delivered to street addre	ess) Room	ı/suite	(202) 462-			
┌ Ter	mınatıon	Ins ^a tion	truc- 1s.	1400 16th Street NW No 730				a aross receip	ots \$ 150,653,627		
┌ Am	ended re	eturn		City or town, state or country, a	and ZIP + 4	I					
┌ App	olication j	pending		Washington, DC 200362252							
			F Nan	ne and address of Principal C) fficer	H(a)	Is thi	s a group returr	n for		
				Schreier			affilia		⊤Yes ▼ No		
				est Lanville St ore, MD 21217		ш, ь,	A11		-42		
I Ta	x-exemp	t status 🔽	501(c)) (3) ◄ (insert no)	(1) or 527	1 -		l affiliates includ o " attach a list	ed? Yes No t See instructions)		
	eb site	: ► www aui	edu			H(c)		p Exemption Ni			
К Тур	e of orga	nızatıon 🔽 (Corporat	ion trust association other	er 🗠	L Yea	r of Fo	mation 1946 M	State of legal domicile NY		
Pa	rt I	Summar	·y								
	1 E	Briefly desc	rıbe th	e organization's mission or n	nost significant activities						
<u> </u>					irch organizations and the Fede romote discovery and education						
Governance	1	vorld	ioreiro	ont scientific facilities that p	romote discovery and education	n while e	xpano	ing our knowled	ige of the physical		
臺	2 (Check this I	box [ıf the organization discontini	ued its operations or disposed o	of more t	han 2	5% of its asset	:s		
Ŝ	3 1	Number of v	oting r	nembers of the governing bo	dy (Part VI, line 1a)			3 _	22		
	4 1	Number of 11	ndepen	dent voting members of the	governing body (Part VI, line 1	b)		. 4	21		
Activities &	5 7	Fotal numbe	erofen	nployees (Part V , line 2a) .				5	679		
Ĕ	6 7	Fotal numbe	erofvo	lunteers (estimate if necess	ary)			6	65		
ទូ	7 a ⊺	Total gross	unrela	ted business revenue from P	art VIII, line 12, column (C)			7a _	0		
	ь	Net unrelate	ed busi	ness taxable income from Fo	orm 990-T, line 34			7b	0		
							Prio	r Year	Current Year		
	8	Contribution	ns and	d grants (Part VIII, line 1h)			;	144,811,939	148,815,289		
Ę	9	Program se	ervice	revenue (Part VIII, line 2g)			1,251,331	1,146,072			
Revenue	10	Investmen	it incor	ne (Part VIII, column (A), lıı	nes 3, 4, and 7d)			947,453	212,993		
立	11	Other reve	nue (P	art VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)			-4,885	0		
	12		nue — a	dd lines 8 through 11 (must	е		147,005,838	150 174 254			
	12	Crants and	Leimile	or amounts haid (Bart IV, col			147,003,838	150,174,354			
	13 14			ar amounts paid (Part IX, col				147,881	245,098		
				or for members (Part IX, colu ompensation, employee bene	_						
\$	15	10)	ther cc	ompensation, employee belie		50,719,266	58,094,623				
Бхрензев	16a	Profession	al fund	raising fees (Part IX, column			0				
홄	b	(Total fundra	ısıng ex	penses, Part IX, column (D), line 2.							
ш	17	•		(Part IX, column (A), lines 1:			96,599,428	93,061,785			
	18	Total expe	nses—	add lines 13-17 (must equa	l Part IX, line 25, column (A))		:	147,466,575	151,401,506		
	19	Revenue le	ss exp	enses Subtract line 18 fron	n line 12			-460,737	-1,227,152		
<u> 영</u> 영						В	eginni	ng of Year	End of Year		
9 4	20	Total asse	ts (Par	t X, line 16)				12,972,555	12,422,960		
Ass 186	21			Part X, line 26)				999,093	1,363,192		
Net Assets or Fund Balances	22		•	d balances Subtract line 21	from line 20			11,973,462	11,059,768		
	t II	Signatu									
					ed this return, including accompanying	schedule	s and s	tatements, and to	the best of my knowledge		
		and belief, it	ıs true,	correct, and complete Declaration	of preparer (other than officer) is base	ed on all in	ıformat '	ion of which prepa	rer has any knowledge		
Please		Signature	of office	Nr.				07-30			
Sign Here		Signature	or office	er Er	Date						
		Cynthia A		troller e and title							
		F ., pc or p	nam		Date	Charle C		Dun	(Can Can Trait)		
.		Preparer's signature	Joyce	M Underwood CPA	Check If self-		Preparer's PTIN	(See Gen Inst)			
Paid					empolyed	mpolyed • 🔽					
•		Firm's name (if self-employ		BDO USA LLP	EIN Þ						
Use (address, and		7101 Wisconsin Ave Suite 800							
				Bethesda, MD 208144827				Phone no 🕨 (301) 654-4900		
May	he IRS	discuss th	ıs retu	rn with the preparer shown a	bove? (See instructions)				▼ Yes		

Part III Statement of Program Service Accomplishments (See the instructions.)

	(Expenses \$	ıncludıng grants o	†\$) (Revenue \$)
4d	Other program services (Describe	•	£ &	\/Payar::- #	`
4c	(Code) (Expenses s	3	including grants of \$) (Revenue \$)
	conducted by the international scientific corr Baseline Array The Organization also provid media	munity The suite of tele	scopes include the Robert C	Byrd Green Bank Telescope, Ve	ry Large Array and the Very Large
4b	(Code) (Expenses \$ Astronomy and Astrophysics Research Progr	ams The Organization o			
	Astronomy & Astrophysics Research Program capabilities and open new scientific frontiers next- generation, centimeter-wavelength te	Atacama Large Mıllımet	onstructing two new major fac	cilities that will significantly enhal expanded Very Large Array which	nce astronomers' research will provide a major step toward a
4a	(Code) (Expenses		including grants of \$) (Revenue \$)
4	Describe the exempt purpose achieved Section 501(c)(3) and (4) organization others, the total expenses, and rever	ons and 4947(a)(1)	trusts are required to re	port the amount of grants a	•
	services?				│ Yes
3	If "Yes," describe these new services Did the organization cease conductin		t changes in how it cond	ucts any program	
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .		• • • • • • • •	which were not listed on	┌ Yes ┌ No
	, 				
	AUI unites the resources of universities, resear that promote discovery and education while ex			planning, construction, and opera	tion of forefront scientific facilities
	Briefly describe the organization's mission				

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		Yes	
12	Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
1/1-2	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 216			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
u	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
ь	If "Yes," enter the name of the foreign country CI			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
=	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		No
0	year?	 		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a		N. a
_	Did the organization make any taxable distributions under section 4966?	9a 9b		No
10	Did the organization make a distribution to a donor, donor advisor, or related person?	טפ		No
10	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
ט	facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

6

8

11

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	v, desc	ribe ti	he cii	rcumst	ances,
1a	Enter the number of voting members of the governing body	1a				22
b	Enter the number of voting members that are independent	1b				21
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?	siness • •	relat	ions	hip with	n any

3	Did the organization delegate control over management duties customarily performed by or under the direct
	supervision of officers, directors or trustees, or key employees to a management company or other person?
L	Did the organization make any significant changes to its organizational documents since the prior Form 990 w

Did the organization make any significant changes to its organizational documents since the prior Form	990	was
filed?		
Did the organization become aware during the year of a material diversion of the organization's assets?		

_	- •	-	_
Does the organization have members	orstockholders?		
Does the organization have members,	stockholders, or other persons who may	elect one or more members of the	_

	governing body?	•	•	•		•			•	•	•							•		•			•				
b	Are any decisions	of	the	gov	ernın	g l	body	s u	bjec	t to	ар	prov	/all	oy r	nem	ber	s, s	tock	chol	der	s, oı	r oth	er	pers	ons	?	

_	···· =,,,
	Did the organization contemporaneously document the meetings held or written actions undertaken during the
	year by the following

	year by the following
a	the governing body?
ь	each committee with authority to act on behalf of the governing body?

)	Does the organization have local chapters, branches, or affiliates?													
b	If "Yes," does the organization have written policies and procedures	go	vern	ıng	the	acti	viti	es	ofsu	ıch	cha	pte	rs,	

	affiliates, and branches to ensure their operations are consistent with those of the organization?
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

	•	,	, ,	3	
Is there any officer, director or t	rustee, d	or key	employe	ee listed in Part VII, Section A, who cannot be reached a	t
the organization's mailing addres	ss? If "Y	es," p	rovide th	he names and addresses in Schedule O	

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $$.	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AZ, CA, DC, NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website view upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Cynthia Allen 1400 16th Street NW No 730 Washington, DC 200362252 (202) 462-1676

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

			(i tion that a			all			/E\	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			ļ							
							\vdash			
			-				\vdash			
							t			
1b Total							 	2,297,954	.1	755,127
2 Total number of individuals (including			•	• •	•				<u> </u>	1 10/12/

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶94

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
General Dynamics Satcom 2600 NLongview St Kilgore, TX 756626842	Contractor Services	38,629,571
Teraxion Inc 2716 Einstein Quebec GIP 4S8 CA	Contractor Services	1,478,885
General Dynamics InstObras de Ingenieri 1474 Vitacura Santiago CI	Contractor Services	1,361,191
Cotech Inc 21 Jing 1st Road Taichung, ROC 43541 TW	ALMA Nutator Assembly	765,359
Schenker PO Box 7247-7623 Philadelphia, PA 191707623	Contract Services-Freight	439,854
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	' '	21

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated cam	paigns 1a			Revenue		312, 313, 01 314
Contributions, gifts, grants and other similar amounts	ь	Membership du						
gra	С	Fundraising eve	1b					
ts, ≅		r unuraising eve	1c					
<u>ਜ਼</u> ੂਰ	d	Related organiz						
A Si⊞	е	Government grant		148,815,289				
英	f	All other contribution similar amounts no	ons, gifts, grants, and ot included above					
きき	g	Noncash contri	1f ibutions included in					
줐릁	9	lines 1a-1f \$ _						
Ų ···	h	Total (Add line	s 1a-1f)		148,815,289			
				Business Code				
E E	2a	Cafe, Guesthse, Gift	tshop	900,099	1,146,072	1,146,072		
es.	b							
e H	С							
Š. Š	d							
ج د	e							
Program Serwce Revenue	f	All other progra	am service revenue					
द्	g		s 2a-2f					
	3	► \$ 1,146,072	ome (including dom	dends interest				
			ome (including dividence of the common to the common terms)		172,207			172,207
	_		stment of tax-exempt be	▶				
	4			ona proceeds . ▶				
	5	Royalties						
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
		or (loss)	(1)					
	d	Net rental inco	me or (loss)					
		Gross amount	(ı) Securities 520,059	(II) O ther				
	7a	from sales of assets other	320,039					
		than inventory	470.070					
	Ь	Less cost or other basis and	479,273					
	С	sales expenses Gain or (loss)	40,786					
	d	L Net gaın or (los	ss)		40,786			40,786
	82			. ▶				
ů.	8a	events (not inc	rom fundraising luding					
Other Revenue			reported on line					
ě			G if total exceeds					
ř.		\$15,000						
ŧ	b		penses b	ung avants				
0			(loss) from fundrais	ing events				
	9a	Gross income f activities See	rom gaming part IV , line 19					
		Complete Sched	ule G ıf total					
		exceeds \$15,000	a a					
	ь	Less direct ex	pensesb					
	С		(loss) from gaming a					
	10a	Gross sales of	Inventory less					
		returns and allo						
	.		a					
	b c	-	oods sold b (loss) from sales of					
		Miscellaneous		Business Code				
	11a							
	ь							
	с							
	d	All other reven	ue					
	e		s 11a-11d	\$				
	12		. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	150,174,354	1,146,072	0	212,993
		8c, 9c, 10c, and 1:	1e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org	anizations mu equired to com	ıst complete plete columns (all columns. (B), (C), and (D)	l
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·	,	·
2	Grants and other assistance to individuals in the U S See Part IV, line 22	245,098	245,098		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	422,706	422,706		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	1,266,111	519,669	746,442	
7	Other salaries and wages	42,799,518	42,617,003	746,442	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,587,740	3,580,817	6,923	
9	Other employee benefits	7,153,609	7,113,250	40,359	
10	Payroll taxes	2,864,939	2,827,146	37,793	
11	Fees for services (non-employees)				
а	Management				
b	Legal	278,014	215,289	62,725	
c	Accounting	494,938		494,938	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	4,400		4,400	
g	Other	45,141,883	44,636,474	505,409	
12	Advertising and promotion				
13	Office expenses	535,931	503,223	32,708	
14	Information technology	1,899,001	1,899,001		
15	Royalties				
16	Occupancy	3,381,839	3,226,909	154,930	
17	Travel	4,902,259	4,408,393	493,866	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	504,281	416,554	87,727	
20	Interest	815		815	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,043		13,043	
23	Insurance	382,048	228,546	153,502	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Consumables	18,587,187	18,587,187		
ь	Equipment, LHI	12,151,540	12,151,540		
c	Utilities, Fuel	2,591,018	2,584,002	7,016	
d	Communications	1,037,058	1,037,058		
e	Freight, Postage	795,599	789,081	6,518	
f	All other expenses	360,931	243,244	117,687	
25	Total functional expenses. Add lines 1 through 24f	151,401,506	148,252,190	3,149,316	0
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			Degining of year	1	Lild Of year
	2	Savings and temporary cash investments			5,279,889	2	3,895,896
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	·		370,025	4	335,892
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L	nployees or		5	·	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 4			6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
22	9	Prepaid expenses and deferred charges			89,235	9	80,671
ssets	10a	Land, buildings, and equipment cost basis	_{10a}	362,749			
⋖	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10a	336,176		100	26,573
	11	Investments—publicly traded securities	TOD	000,170	460,905		20,070
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII o	· ·	6,641,868	12	8,054,147
	13	Investments—program-related See Part IV, line 11 Complete Part IV, line	art VIII			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		91,017	15	29,781	
	16	D Total assets. Add lines 1 through 15 (must equal line 34)			12,972,555	-	12,422,960
	17	Accounts payable and accrued expenses .			504,293		993,532
	18	Grants payable			35 1,255	18	330,332
	19	Deferred revenue			361,326		240,485
	20	Tax-exempt bond liabilities			,	20	· · · · · · · · · · · · · · · · · · ·
S	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u></u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		133,474	25	129,175	
	26	Total liabilities. Add lines 17 through 25			999,093	26	1,363,192
		Organizations that follow SFAS 117, check here ▶ 🔽 and complethrough 29, and lines 33 and 34.	ete line	es 27			
Balance	27	Unrestricted net assets			11,956,396	27	11,045,022
_ 60	28	Temporarily restricted net assets			17,066	28	14,746
Σ	29	Permanently restricted net assets			29		
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	ete				
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .		31			
Ą	32	Retained earnings, endowment, accumulated income, or other fur			32		
Ŋĕţ	33	Total net assets or fund balances			11,973,462	33	11,059,768
_	34	Total liabilities and net assets/fund balances			12,972,555	34	12,422,960
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493211011060

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Associ	ated Ur	niversities Inc							163000	2	
Da	rt I	Peason	for Public C	harity Status (to be co	mnleted	hy all or	nanizatio		-163090 Instruct		
				ation because it is (Please	-				TH3G GCC		
1	Г		•	nurches, or association of ch			•	-	(A)(i).		
2	Ĺ.	•		tion 170(b)(1)(A)(ii). (Attac					X7(-7-		
3	Ė			e hospital service organizati		•	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H)
4	Ė	•	·	zation operated in conjunction			-				-
	•		name, city, and	•		•			()()	. , ,	
5	Г	•		or the benefit of a college or	universit	y owned o	roperated	by a gove	rnmental	unit desc	rıbed ın
	·			(Complete Part II)		•	•	, ,			
6	Г	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ct ion 170	(b)(1)(A)	(v).		
7	~	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	· · ınıt or fror	n the gene	eral public
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Pari	tII)		_			_	·
8	Γ	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	f its supp	ort from c	ontributior	ns, membe	rship fees	s, and gross
		receipts fro	m activities re	lated to its exempt functions	—subject	to certair	nexceptio	ns, and (2) no more	than 331/	′3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	income (l	less sectio	on 511 ta:	x) from bu	sınesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee ınstruc	tions)
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of									
				orted organizations describe				•		Section 5	09(a)(3). Check
			it describes the ype I b	type of supporting organization Type II c			nes lle t nally Integ		n d	□ Type	III - Other
e	Г		• •	rtify that the organization is							
_	'	•	-	agers and other than one or			•			•	•
		section 50									
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
g		check this		as the organization accepted	d any dift	or contrib	ution from	any of the	1		ı
9		following pe		as the organization acceptor	- a.i., g.i.c.	0. 00	acron 110111	u., o	•		
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	s describe	d ın (ıı)		Yes No
		and (III) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(iii)
h		Provide the	following infori	mation about the organizatio	ns the org	janization	supports				
							T				T
		ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) I	s the ation in		ou notify		s the ation in	(vii) A mount of
		iization		above or IRC section	_	listed in		nızatıon i) of your		rganized	support?
	(See Instructions)) your governing document? Yes No Yes No										
										1	
							Yes	No			
							1				
			i e	1	1	1	1	1	1	1	1

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	keu tile box o	11 lille 3, 7, 01	o of Part 1.)				
	ıblic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	70 120 120	01 044 607	127 440 250	144 011 020		40.015.200	F01 0F1 303
	membership fees received (Do not	78,130,128	91,844,687	127,449,250	144,811,939	1	48,815,289	591,051,293
_	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on its behalf							
_	The value of services or facilities							
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	78,130,128	91,844,687	127,449,250	144,811,939	1	48,815,289	591,051,293
	The portion of total contribution by each	, ,	, ,	, ,	, ,			, ,
3	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							591,051,293
	4							
To	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	78,130,128	567,225	127,449,250	144,811,939	1	48,815,289	591,051,293
8	Gross income from interest, dividends,							
	payments received on securities loans,	420,680	567,225	671,983	947,453		172,207	2,779,548
	rents, royalties and income from similar	420,000	307,223	071,303	547,435		1,2,20,	2,773,540
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss	2,416,728	2,540,017	4,550,000				9,506,745
	from the sale of capital assets (Explain in	2,410,728	2,340,017	4,330,000				9,300,743
	Part IV)							603,337,586
	Total Support (Add lines 7 through 10)	/6	- \			I	T	
12	Gross receipts from related activities, etc	(See Instruction	is)			12		6,472,107
13	First Five Years. If the Form 990 is for the	organızatıon's fii	rst, second, thır	d, fourth, or fifth	tax year as a 5	01(c)		_
	organization, check this box and stop here						ļ	▶┌
	omputation of Public Support Perc					ı —		
14	Public Support Percentage for 2008 (line 6	column (f) divid	led by line 11 co	olumn (f))		14		97.960 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		96.560 %
16a	33 1/3% Test - 2008. If the organization did	d not check the l	box on line 13. a	and line 14 is 33	1/3% or more.	check	this box	
	and stop here. The organization qualifies as				2,070 01,			▶ ▽
ь	33 1/3% Test - 2007. If the organization die		-		.5 is 33 1/3% o	r more	, check thi	•
	box and stop here. The organization qualifie	s as a publicly	supported organ	nization	r		,	▶ □
17a	10% Facts and Circumstances Test - 2008.				3, 16a, or 16b a	nd lin	e 14 ıs 10	% or
	more, and if the organization meets the "fac	ts and circumst	ances" test, ch	eck this box and	stop here. Exp	laın ın	Part IV ho	w the
	organization meets the "facts and circumst							► □
ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							► □
18	Private Foundation. If the organization did	not check the bo	ox on line 13, 16	5a, 16b, 17a or :	17b, check this	box a	nd see	. —
	instructions							▶ □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (F zations_complete Part III	Proxy Tax)		
Na	me of the organization ociated Universities Inc	·		Employer ider	tification number
				11-1630900	
Par		y all organizations exempt e the instructions for Schedule		n 501(c) and section	527
1	•	ganızatıon's dırect and ındırect polıt	•	ivities in Part IV	
2	Political expenditures				\$
3	Volunteer hours				
Par	t I-B To be completed be for Schedule C for de	y all organizations exempt	under section	n 501(c)(3). (See the	instructions
1		e tax incurred by the organization ui	nder section 4955	i	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectioi	n 4955	\$
3	If the organization incurred in a	a section 4955 tax, did it file Form	4720 for this year	?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes
Ь	If "Yes," describe in Part IV				
Par		y all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	ot function activities	\$
2	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contrıb	uted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	es 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly delivere action committee (PAC) If addition	paid from the filing d to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				1	
		soo the instructions for Form 000	Cat No E		Form 000 or 000-E7\ 2009

section 4911 tax for this year?

┌ Yes ┌ No

P		organizations exempt under section 501(c tion 501(h)). (See the instructions for Schedule		68
	Check If the filing organization	belongs to an affiliated group		
<u>D</u>	Limits on Lo	checked box A and "limited control" provisions apply bying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	25,500	
c	: Total lobbying expenditures (add line	s 1a and 1b)	25,500	
d	Other exempt purpose expenditures		151,376,006	
е	Total exempt purpose expenditures (add lines 1c and 1d)	151,401,506	
f	f Lobbying nontaxable amount Enter the amount from the following table in both columns—		1,000,000	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a	0	
i	Subtract line 1f from line 1c Enter - ()- if line f is more than line c	0	
j	If there is an amount other than zero	on either line 1h or line 1i, did the organization file Form	4720 reporting	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total					
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000					
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000					
_с	Total lobbying expenditures	40,250	42,065	25,725	25,500	133,540					
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000					
e 	Grassroots ceiling amount (150% of line d, column (e))					1,500,000					
f	Grassroots lobbying expenditures	0	0	0	0						

	5768 (election under section 501(h)). (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
-	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	art II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection **Employer identification number**

ssociated (Universities Inc		11 150000
art I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		11-1630900 Inds or Accounts. Complete If th
		(a) Donor advised funds	(b) Funds and other accounts
Total	number at end of year		
Aggre	egate Contributions to (during year)		
Aggre	egate Grants from (during year)		
Aggre	gate value at end of year		
	he organization inform all donors and donor advi are the organization's property, subject to the o		oradvised Yes No
used	he organization inform all grantees, donors, and only for charitable purposes and not for the ben rmissible private benefit?		may be
rt II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Part IV, line 7.
Г Р Г Р	ose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space	on or pleasure) Γ Preservation of an	historically importantly land area rtified historic structure
	plete lines 2a–2d if the organization held a quali	fied conservation contribution in the form	of a concervation easement
	e last day of the tax year	ned conservation contribution in the form	or a conservation easement
			Held at the End of the Ye
Tota	al number of conservation easements		2a
Tota	al acreage restricted by conservation easement:	s	2b
Num	nber of conservation easements on a certified hi	storic structure included in (a)	2c
Num	nber of conservation easements included in (c) a	acquired after 8/17/06	2d
Numb	per of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
the ta	axable year 🕨		
NI		stron analysis landed by	
	per of states where property subject to conserva		
	the organization have a written policy regarding cement of the conservation easements it holds?		Yes No
Staff	or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year 🟲
A mou	unt of expenses incurred in monitoring, inspectii	ng, and enforcing easements during the ye	ar ► \$
	each conservation easement reported on line 2 h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect	tion Yes No
balan	rt XIV, describe how the organization reports co ice sheet, and include, if applicable, the text of t rganization's accounting for conservation easen	he footnote to the organization's financial	
t III	Organizations Maintaining Collectio Complete If the organization answered "		or Other Similar Assets.
art, h	organization elected, as permitted under SFAS istorical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of public service,
histo	organization elected, as permitted under SFAS rical treasures, or other similar assets held for p de the following amounts relating to these items	public exhibition, education, or research in	·
(i) _{Re}	evenues included in Form 990, Part VIII, line 1		► \$
(ii) A	ssets included in Form 990, Part X		► \$
Ifthe	organization received or held works of art, history wing amounts required to be reported under SFA:		'
Reve	nues included in Form 990, Part VIII, line 1		► \$
	ts included in Form 990, Part X		· ▶ \$

	Organizations Maintaining Co	•			•			ntınued)
3	Using the organization's accession and other items (check all that apply)	er records, check any of th	ne fol	lowing that are	a significant us	se of its collection	I	
а	Public exhibition	d	Γ	Loan or exch	ange programs			
ь	Scholarly research	e	Г	Other				
С	Preservation for future generations							
4	Provide a description of the organization's of Part XIV	ollections and explain how	w the	y further the o	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit	or receive donations of ar	t, hıs	torical treasur	es or other sım			_
	assets to be sold to raise funds rather than	· · · · · · · · · · · · · · · · · · ·					Yes	∏ No
Par	Trust, Escrow and Custodial Part IV, line 9, or reported an a				nization answe	ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	dian or other intermediary	for c	ontributions o	rotherassets n		Yes	┌ No
b	If "Yes," explain why in Part XIV and compl	ete the following table						
						A mou	nt	
С .	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F					Γ,	Yes	No
b	If "Yes," explain the arrangement in Part XI							
Pai	rt V Endowment Funds. Complete						Equr V	nare Back
1a	Beginning of year balance	(a)Current Year (b) Prior	rear (c) iwo	rears back (a)	filee fears back (e)	iroui te	ears Back
ь	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
u e	Other expenditures for facilities							
-	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	ar end balance held as						
а	Board designated or quasi-endowment 🕨							
ь	Permanent endowment 🕨							
С	Term endowment ▶							
За	Are there endowment funds not in the posse	ssion of the organization	that	are held and ac	dministered for t	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of t					3b		
	t VI Investments—Land, Building				rt V line 10			
Fell	investments—Land, Building	s, and Equipment. 3			· '			
	Description of investment			a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1a	Land					,		
b	Buildings							
C	Leasehold improvements				3,879	3,879		0
d	Equipment				194,500	167,927		26,573
	Other				164,370	·		0
Tota	I. Add lines 1a-1e (Column (d) should equal F	Form 990, Part X, column (B,), line	10(c).)		•		26,573
Tota	I. Add lines 1a-1e (Column (d) should equal F	Form 990, Part X, column (B), line	10(c).)		► Schedule D (F	orm 9	•

(a) Description of security or cateory		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other TIFF Multi-Asset Fund	8,054,147	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	8,054,147	
Part VIII Investments—Program Related. Se	e Form 990 Part Y line	13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, II	ne 15.	
(a) Descri	ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line .	15.)	
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
Trustees' scholarships payable	106,249	
Capital leases	10,662	
Funds held for others	12,264	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	129,175	

	t AT Reconcination of change in Net Assets from Form 990 to Financial Statemen	1115	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	150,174,354
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	151,401,506
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,227,152
4	Net unrealized gains (losses) on investments	4	386,403
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-72,945
9	Total adjustments (net) Add lines 4 - 8	9	313,458
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-913,694
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial		150,487,812
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -72,945		
е	Add lines 2a through 2d	2e	313,458
3	Subtract line 2e from line 1	3	150,174,354
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4 c	(
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	150,174,354
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	151,401,506
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d		3-	
e ว	Add lines 2a through 2d	2e 3	151 401 506
3 4	Subtract line 2e from line 1		151,401,506
a			
b	Other (Describe in Part XIV)	4-	,
С	Add lines 4a and 4b	4c	1
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	151,401,506

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	AUI has elected to defer implementation of FIN48 As a result no amounts have been recorded related to uncertain tax positions, if any
Part XI, Line 8 - Other Adjustments		Pension-related changes other than net periodic pension costs -72945
Part XII, Line 2d - Other Adjustments		Pension-related changes other than net periodic pension costs -72945

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DLN: 93493211011060

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

> ▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization					Employer ide	entification number
SS	ociated Universities Inc					11-163090	0
Pa	"Yes" to Form S			de the United States	. Complete	e if the organ	nization answered
1		•		ecords to substantiate (the amount	of the grant	s or
				assistance, and the se			
	the grants or assistar	ıce					┌ Yes ┌ No
2	For grant makers. Descr United States	ibe in Part IV the	organızatıon's pr	ocedures for monitoring th	ne use of grar	nt funds outsid	le the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sp	ty listed in (d) am service, secific type of s) in region	(f) Total expenditures in region
out	th America	3	200	Program Service	Telescope o	peration	9,034,803
		2	200		1		0.034.803

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 11-1630900

Name: Associated Universities Inc

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
--------------------------	-------------------------------------------------------	------------	-------------------------	------------------------------	------------------------------------	-------------------------------------------	----------------------------------------------	----------------------------------------------------------------

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DLN: 93493211011060

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

Associated Universities Inc

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion Employer identification number

Associated Offiversities The						11-1630900	
Part I General Infor	mation on Gra	nts and Assistance	e				
 Does the organization m the selection criteria use Describe in Part IV the organization 	ed to award the gra	nts or assistance?					V Yes □
Form 990, Part Part IV and Sch	IV, line 21 for a ledule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the call if no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of seconganizations		-			<u> </u>		
3 Enter total number of oth	ner organizations .						<u> </u>
For Paperwork Reduction Act No	tice, see the Instruc	tions for Form 990.		Cat No 50055	Р	Sc	hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Summer Student Research Assistance Program	26	167,777			
AUI Trustee Scholarship	20	77,322			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 NRAO engages students in scientific research through the Summer Student Research Assistantship Program and has conducted the program since 1959 Each summer student conducts research under the supervision of an NRAO staff member at one of three NRAO sites Supervisors choose the candidates from all applications received and monitor the research conducted over the 10-12 week period each summer Qualifying students are paid a fixed stipend per week based on whether an undergraduate or graduate level. The NRAO Fiscal Department processes stipend payments based on supervisor approved payorders. The AUI Trustee Scholarships are available on a competitive basis to the children of regular full-time and eligible part time NRAO employees. Three primary scholarships are awarded annually based on a criteria of high school academic achievement, standardized college test scores, and recommendations of the high school. In addition, up to two additional scholarships may be awarded to NRAO employees' children who are African American, Hispanic, or Native American. An independent scholarship committee, reporting to SRP, will select the winners of the AUI Trustee Scholarships.

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As Filed Data -

DLN: 93493211011060

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Attach to Form 990. To be completed by organizations

that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization Associated Universities Inc

Employer identification number

11-1630900

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N		, , ,	1b		No
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	nat appl	у			
	Compensation committee	<u> - - - - - - - - - -</u>				
	Independent compensation consultant	V	Compensation survey or study			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	paymen [.]	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a	<u> </u>	Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III					No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation			reported in prior Form 990 or Form 990-EZ
Ethan Schreier	(I) (II)	284,130		2,248		101,823	388,201	380,544
Patrick Donahoe	(I) (II)	200,305		774		66,815	267,894	266,000
Cynthia Allen	(ı) (ıı)		4,000	262		46,846	195,251	190,190
Kwok Yung Lo	(ı) (ıı)			1,188		92,297	347,758	343,221
Phillip Jewell	(ı) (ıı)			345		62,469	230,896	228,760
Robert Dickman	(1) (11)			842		52,908	207,758	221,193
Adrian Russell	(1) (11)			9,647		67,907	263,385	252,700
George Clark	(1) (11)			344		59,719	230,894	228,760
Richard Prestige	(ı) (ıı)			61,868		50,399	254,422	
Dick Sramek	(ı) (ıı)	135,567		68,870		47,699	252,136	233,953
Ken Kellerman	(1) (11)			525		54,129	209,975	
Miller Goss	(1) (11)			819		52,116	204,511	
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	·	First class travel- AUI employees are required to travel economy class unless a special exception is approved prior to travel. In one case, first class travel was authorized as a special exception. Tax indemnification and gross-up payments AUI provided tax gross-up payments pertaining to supplemental payments for two employee's supplemental retirement contributions that were limited by restrictions imposed by OBRA 1993. The procedure followed was to calculate the gross-up amount to ensure these two employees received an after tax payment equal to the amount which would have been contributed on their behalf if not for the OBRA restriction. AUI also provided a tax gross up on supplemental wages of one employee pertaining to reimbursed expenses for dependant travel required to renew an existing Visa. Housing allowance- AUI follows established policy pertaining to temporary housing allowances provided to employees who have accepted a change of duty station if the employee has rented or purchased living quarters and is making a good faith effort to sell his/her primary residence. Health or social club dues- AUI paid the annual dues for membership to an academically-oriented social club, which is used for business purposes.

Software ID: Software Version:

EIN: 11-1630900

Name: Associated Universities Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable			
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Ethan Schreier	(I) (II)	284,130		2,248		101,823	388,201	380,544	
Patrick Donahoe	(I) (II)	200,305		774		66,815	267,894	266,000	
Cynthia Allen	(ı) (ıı)	144,143	4,000	262		46,846	195,251	190,190	
Kwok Yung Lo	(I) (II)	254,273		1,188		92,297	347,758	343,221	
Phillip Jewell	(I) (II)	168,082		345		62,469	230,896	228,760	
Robert Dickman	(I) (II)			842		52,908	207,758	221,193	
Adrian Russell	(I) (II)	185,831		9,647		67,907	263,385	252,700	
George Clark	(I) (II)			344		59,719	230,894	228,760	
Richard Prestige	(I) (II)	142,155		61,868		50,399	254,422		
Dick Sramek	(I) (II)	135,567		68,870		47,699	252,136	233,953	
Ken Kellerman	(I) (II)	155,321		525		54,129	209,975		
Miller Goss	(I) (II)			819		52,116	204,511		

DLN: 93493211011060

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047 2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization Associated Universities Inc

Employer identification number

11-1630900

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Associated Universities, Inc. has its external audit firm review the draft Form 990 prior to submitting it to the AUI Audit Committee for review. On behalf of the AUI Board of Trustees, the Audit Committee reviews the Form 990 and reports the findings of their review to the full Board. The final draft of the Form 990 is made available to the AUI Board of Trustees prior to submission to the IRS.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 12c		Associated Universities, Inc. has a conflict of interest policy which addresses financial disclosure to ensure that AUI Trustees, Officers, and employees do not have significant financial interests that would reasonably appear to directly and significantly affect their work with AUI or one of its Research Centers. AUI Trustees, Officers, and employees must disclose their significant financial interests, as well as their spouses or dependent children, when that interest would reasonably appear to directly or significantly affect their work. These disclosures are to be updated annually or as new reportable financial interests are obtained. AUI Trustees, Officers, and key employees are reminded to review and update, if necessary, their financial disclosures each year.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation levels involving the hiring, promotion, and salary adjustments for the AUI President, Officers, and Research Center Directors are approved by AUI's Board of Trustees based on recommendations from the AUI President and AUI Compensation Subcommittee In all cases, the salary recommendations are based on annual performance evaluations of the employee by their supervisor. The AUI President and AUI Compensation Subcommittee review third-party comparability data on salaries and benefits provided by similar other nonprofit scientific research organizations. In the case of the AUI President (CEO), the Chair of the AUI Board of Trustees, in consultation with the AUI Executive Committee and AUI Compensation Subcommittee, annually reviews the President's written self-evaluation and makes a recommendation for a salary adjustment to the Board for approval In the case of the Officers and Research Center Directors, the AUI President annually reviews the performance of each Officer and Research Center Director, which is based on the individual's self-evaluation. Based on the performance appraisal, the AUI President, in consultation with the AUI Compensation Subcommittee, makes a recommendation for salary adjustments to the AUI Board of Trustees. After reviewing the recommendations, the AUI Board of Trustees approves salary adjustments for the AUI President, Officers, and Research Center Directors, which are recorded in the Minutes. In addition, after reviewing all compensation decisions, the AUI Board of Trustees determines that the salaries and benefits to be received by the persons currently holding these positions are reasonable and do not constitute excessive benefit transactions as defined by Section 4958 of the Internal Revenue Code (IRC)

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Associated Universities, Inc. responds to written requests for these documents on a case-by-case basis

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c	Oversight of audit	There have been no changes during the year in the process for oversight of the audit of the financial statements

ldentifier	Return Reference	Explanation
Schedule A, Part IV	Supplemental Information	Part II, Column (a) line 10 - The amount reported of \$ 2,416,728 pertained to the allocated indirect cost and management fee revenue for tax year 2004. Beginning in tax year 2006 indirect cost and management fee revenue are included with program income. Part II, Column (b) line 10 - The amount reported of \$ 2,540,017 pertained to the allocated indirect cost and management fee revenue for tax year 2004. Beginning in tax year 2006 indirect cost and management fee revenue are included with program income. Part II, Column (c) line 10-the amount reported of \$ 4,550,000 pertained to proceeds from the settlement of a law suit. Proceeds were received by the organization in tax year 2006.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493211011060

OMB No 1545-0047

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Related Organizations and Unrelated Partnerships

Associated Universities Inc 11-1630900 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity Virtual Astronomical Observatory LLC Managing Virtual 1400 16th Street NW Ste 730 DC 501(c)(3) Line 7 N/A Observatory Washington, DC20036 26-2242071

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom inve	(E) ominant e(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
--------	-----------------------------------------

Pel	τν	Transactions with Related Organizations				
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	·IV?		
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ıty	Ī	1a	No
b	Gıft, g	rant, or capital contribution to other organization(s)		1	1b	No
c	Gıft, g	rant, or capital contribution from other organization(s)		1	1c	No
d	Loans	or loan guarantees to or for other organization(s)		1	1d	No
e	Loans	or loan guarantees by other organization(s)		[1	1e	No
f	Sale o	fassets to other organization(s)		1	1f	No
g	Purch	ase of assets from other organization(s)		ا	1g	No
h	Excha	inge of assets		1	1h	No
i 1	Lease	of facilities, equipment, or other assets to other organization(s)		<u>[</u>	1i	No
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No
k	Perfor	mance of services or membership or fundraising solicitations for other org	ganization(s)	_1	1k	No
1 1	Perforr	mance of services or membership or fundraising solicitations by other orga	anızatıon(s)	<u>[</u> :	11	No
m	Sharın	g of facilities, equipment, mailing lists, or other assets		[1	1m	No
n	Sharır	ng of paɪd employees		_1	1n	No
o	Reımb	oursement paid to other organization for expenses		1	10	No
р	Reımb	oursement paid by other organization for expenses		_1	1p	No
q	Other	transfer of cash or property to other organization(s)		_1	1q	No
r	O ther	transfer of cash or property from other organization(s)		Ŀ	1r	No
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	hips and transaction thresholds		
		(A)	(B) Transaction	(C)		
		Name of other organization(s)	type(a-r)	Amount Involved		
(1)						
(2)						
<u> </u>						
(3)						
(4)						
(+)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization	s?	(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes No			Yes	No
			•	•		•		Sabadula	D / Form	

Software ID: Software Version:

EIN: 11-1630900

Name: Associated Universities Inc

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa												
		Posit t	(C tion (hat a	chec		I			(E)	(F) Estimated amount of other compensation from the organization and related organizations		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)			
Malcolm Beasley , Trustee	4 00	Х						0	0	0		
Roger-Maurice Bonnet , Trustee	1 00	Х						0	0	0		
Barry S Cooperman , Trustee	2 00	Х						0	0	0		
Michael E Fisher , Trustee	2 00	Х						0	0	0		
Paul H Gilbert , Trustee	3 00	Х						0	0	0		
Roscoe C Giles , Trustee	2 00	Х						0	0	0		
Martha P Haynes , Trustee	3 00	Х						0	0	0		
Ernest M Henley , Trustee	1 00	Х						0	0	0		
Donald K Hess , Trustee	3 00	Χ						0	0	0		
Jacqueline N Hewitt , Trustee	1 00	Х						0	0	0		
E Scott Kırkpatrıck , Trustee	2 00	Х						0	0	0		
Eugene H Levy , Trustee	4 00	Х		Х				0	0	0		
John J Lıvely , Trustee	3 00	Х						0	0	0		
Paul C Martın , Trustee	2 00	Х						0	0	0		
Robert B Millard , Trustee	1 00	Х						0	0	0		
H Warren Moos , Trustee	3 00	Х						0	0	0		
James M Moran , Trustee	1 00	Х						0	0	0		
Lyman A Page , Trustee	1 00	Х						0	0	0		
Robert C Richardson , Trustee	2 00	Χ						0	0	0		
Annelia I Sargent , Trustee	2 00	Х						0	0	0		
William J Welch , Trustee	1 00	X						0	0	0		
Ethan Schreier , President, Trustee	40 00	Х		Х				286,378	0	101,823		
Patrick Donahoe , Vice President	40 00			Х				201,079	0	66,815		
Cynthia Allen , Chief Financial Officer	40 00			Х				148,405	0	46,846		
Kwok Yung Lo , Director	40 00				Х			255,461	0	92,297		
Phillip Jewell , Deputy Director	40 00				Х			168,427	0	62,469		
Robert Dickman , Assistant Director	40 00				Х			154,850	0	52,908		
Adrian Russell , Deputy Dir - NRAO ALMA	40 00				х			195,478	0	67,907		
George Clark , Associate Dir-Admin	40 00					Х		171,175	0	59,719		
Richard Prestige , Head of Tech Services	40 00					х		204,023	0	50,399		

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	1	tion a Institutional Trustee	chec	Highest compensatedemployee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Dick Sramek , Test Scientist/ALMA	40 00				X		204,437	0	47,699
Ken Kellerman , Scientist/A Senior	40 00				Х		155,846	0	54,129
Miller Goss , Astronomer	40 00				Х		152,395	0	52,116